

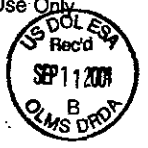
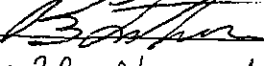
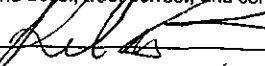
# FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

Form Approved  
Office of Management and Budget  
No. 1215-0188  
Expires: 11-30-2002

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN  
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 		1. FILE NUMBER 069-855	2. PERIOD COVERED MO DAY YEAR From 05 01 2000 Through 04 30 2001	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/> (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: <input type="checkbox"/> (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here: <input type="checkbox"/>
<b>IMPORTANT</b>  Peel off the address label from the back of the package and place it here.  If the label information is correct, leave Items 4 through 8 blank.  If any of the label information is incorrect, complete Items 4 through 8.			8. MAILING ADDRESS (Type or print in capital letters.) First Name B R U C E Last Name L I C H T E N S T E I N P.O. Box • Building and Room Number (if any)  Number and Street 200 B WEST MAIN STREET City B A B Y L O N State ZIP Code + 4 N Y 11702 -	
4. AFFILIATION OR ORGANIZATION NAME SPECIAL & SUPERIOR OFFICERS BENEVOLENT ASSOC.				
5. DESIGNATION (Local, Lodge, etc.)		6. DESIGNATION NUMBER		
7. UNIT NAME (if any)				
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.) Item Number 11 SPECIAL & SUPERIOR OFFICERS BENEVOLENT ASSOCIATION WELFARE FUND 200B WEST MAIN STREET, BABYLON, NY 11702 EIN: 11-2548572 PROVIDES MEDICAL BENEFITS TO ELIGIBLE MEMBERS AND DEPENDENTS.				
Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)				
76. SIGNED:  7 128101 (631) 587-9116 Date Telephone Number		PRESIDENT (If other title, see instructions.) 77. SIGNED:  7 128101 (631) 587-9116 Date Telephone Number		
		TREASURER (If other title, see instructions.)		

## During the Reporting Period Did Your Organization:

- |  | Yes                                 | No                                  |
|--|-------------------------------------|-------------------------------------|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? .....              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 12. Have a political action committee (PAC) fund? .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 15. Discover any loss or shortage of funds or other property? .....<br>(Answer "Yes" even if there has been repayment or recovery.)  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ..... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 17. Liquidate or reduce any liabilities without disbursement of cash? .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 2823

19. What is the date of your organization's next regular election of officers? MO YEAR  
12 2001

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 75000

21. What are your organization's rates of dues and fees?  
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ <u>16-20</u> per <u>MONTH</u> (Month, Year, etc.)
(b) Initiation Fees	\$ <u>50</u>
(c) Transfer Fees	\$ _____
(d) Work Permits	\$ _____ per _____ (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? .....  
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? .....

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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24. Did your organization have any contingent liabilities at the end of the reporting period? .....

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

# STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 0 6 9 - 8 5 5

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

ASSETS	ASSETS	From	Start of Reporting	End of Reporting
	Item	SCH #	Period (A)	Period (B)
	25. Cash.....		3 3 0 0 7	5 8 7 1
	26. Accounts Receivable.....		6 9 8 0 0	5 7 7 3 8
	27. Loans Receivable.....	1		
	28. U.S. Treasury Securities.....			
	29. Investments.....	2		
	30. Fixed Assets.....	5	2 3 1 2	1 3 5 4
	31. Other Assets.....	3	4 1 1 8 6	6 1 5 3
	32. TOTAL ASSETS.....		1 4 6 3 0 5	7 1 1 1 6

LIABILITIES	LIABILITIES	From	Start of Reporting	End of Reporting
	Item	SCH #	Period (C)	Period (D)
	33. Accounts Payable.....		2 4 6 0 3	2 8 8 8 6
	34. Loans Payable.....	8		
	35. Mortgages Payable.....			
	36. Other Liabilities.....	4	3 5 1 5 1	1 3 7 8
	37. TOTAL LIABILITIES.....		5 9 7 5 4	3 0 2 6 4
	38. NET ASSETS (Item 32 less Item 37).....		8 6 5 5 1	4 0 8 5 2

# STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 069-855

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
39. Dues .....		654332	56. To Officers .....	9	144621
40. Per Capita Tax .....			57. To Employees .....	10	161944
41. Fees .....		11194	58. Per Capita Tax .....		
42. Fines .....			59. Fees, Fines, Assessments, etc. ....		
43. Assessments .....			60. Office & Administrative Expense ....	13	151869
44. Work Permits .....			61. Educational & Publicity Expense ...		
45. Sale of Supplies .....			62. Professional Fees .....		84699
46. Interest .....			63. Benefits .....	11	19159
47. Dividends .....			64. Contributions, Gifts & Grants .....	12	1500
48. Rents .....			65. Supplies for Resale .....		
49. Sale of Investments & Fixed Assets .....	6		66. Direct Taxes .....		34729
50. Loans Obtained .....	8		67. Withholding Taxes .....		125090
51. Repayments of Loans Made .....	1		68. Purchase of Investments & Fixed Assets .....	7	
52. On Behalf of Affiliates for Transmittal to Them .....			69. Loans Made .....	1	
53. From Members for Disbursement on Their Behalf .....			70. Repayment of Loans Obtained .....	8	
54. Other Receipts .....	14	134498	71. To Affiliates of Funds Collected on Their Behalf .....		
			72. On Behalf of Individual Members...		
			73. Other Disbursements .....	15	103549
55. TOTAL RECEIPTS .....		800024	74. TOTAL DISBURSEMENTS .....		827160

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 069-855

**Enter Amounts in Dollars Only — Do Not Enter Cents**

## SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
2. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5					
Enter the Totals from Line 6 in ..... <span style="margin-left: 100px;">↑ Item 27</span> ..... <span style="margin-left: 100px;">↑ Item 69</span> ..... <span style="margin-left: 100px;">↑ Item 51</span> ..... <span style="margin-left: 100px;">↑ Item 75</span> ..... <span style="margin-left: 100px;">↑ Item 27</span> <span style="margin-left: 100px;">Column (A)</span> ..... <span style="margin-left: 100px;">with Explanation</span> ..... <span style="margin-left: 100px;">Column (B)</span>					

# **SCHEDULE 2 — INVESTMENTS** (OTHER THAN U.S. TREASURY SECURITIES)

FILE NUMBER: 069-855

# **SCHEDULE 3 — OTHER ASSETS**

Description (A)	Amount (B)
<b>Marketable Securities</b>	
1. Total Cost	
2. Total Book Value	
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
<b>Other Investments</b>	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	
Enter the Total from Line 7 in _____ Item 29, Column (B)	

Description (A)	Book Value (B)
1. DEPOSITS	810
2. PREPAID EXPENSES	5,343
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	6153
Enter the Total from Line 7 in _____ Item 31, Column (B)	

# **SCHEDULE 4 — OTHER LIABILITIES**

Description (A)	Amount at End of Period (B)
1. DUE TO AFFILIATE	1,378
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	1378
Enter the Total from Line 7 in _____ Item 36, Column (D)	

# SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 069-855

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):				
2. Totals from additional pages (if any)				
3. Buildings (give location):				
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment	9,539	8,185	1,354	1,354
7. Other Fixed Assets	4,274	4,274	0	0
8. Totals of Lines 1 through 7	13,813	12,459	1,354	1,354

Enter the Total from Line 8, Column (D) in ..... Item 30, Column (B)

# SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5				
			7. Less Reinvestments	
			8. Net Sales	

Enter the Total from Line 8 in ..... Item 49

# SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 069-855

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1.			
2.			
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5			
		7. Less Reinvestments	
		8. Net Purchases	
Enter the Total from Line 8 in .....			↑ Item 68

# SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)	
			Cash (D)(1)	Other Than Cash (D)(2)		
1.						
2.						
3.						
4.						
5. Totals from additional pages (if any)						
6. Totals of Lines 1 through 5						
Enter the Totals from Line 6 in .....		↑ Item 34 Column (C)	↑ Item 50	↑ Item 70	↑ Item 75 with Explanation	↑ Item 34 Column (D)



# SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 069-855

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
1. Last Name: LICHTENSTEIN First Name: BRUCE Title: PRESIDENT Status: N		57417		6388		63805
2. Last Name: FEDRIZZI First Name: RONALD Title: REC SECY Status: C		38780		9274		48054
3. Last Name: PIZZULLI First Name: JAMES Title: PRESIDENT Status: P		88017		2776		90793
4. Last Name: First Name: Title: Status:						
5. Last Name: First Name: Title: Status:						
6. Last Name: First Name: Title: Status:						
7. Last Name: First Name: Title: Status:						
8. Totals from additional pages (if any)		0		0		0
9. Totals of Lines 1 through 8		184,214		18,438		202,652
				10. Less Deductions 58031		
Enter the Total from Line 11 in ..... Item 56 ➡				11. Net Disbursements 144621		

\*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

# SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 069-855

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
1. Last Name: SCIASCIA First Name: JENNIFE Position: SECY Name of Affiliated Organization:	15034				15034
2. Last Name: SCIASCIA First Name: JOSEPH Position: BUSINESS AGENT Name of Affiliated Organization:	20072				20072
3. Last Name: VERDICHIZZI First Name: LILLIAN Position: SECY Name of Affiliated Organization:	23219				23219
4. Last Name: CARDONA First Name: JOSE Position: BUSINESS AGENT Name of Affiliated Organization:	57089				57089
5. Last Name: FEDRIZZI First Name: LISA Position: SECY Name of Affiliated Organization:	10299				10299
6. Totals from additional pages (if any)	74,513				74,513
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	28,777				28,777
8. Totals of Lines 1 through 7	229,003				229,003
9. Less Deductions			67,059		
Enter the Total from Line 10 in..... Item 57 ⇨			10. Net Disbursements 161,944		

# **SCHEDULE 11 — BENEFITS**

FILE NUMBER: 069-855

Description (A)	To Whom Paid (B)	Amount (C)
1. WELFARE	SSOBA WELFARE FUND	19,159
2.		
3.		
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		19,159
Enter the Total from Line 6		↑ Item 63


# **SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS**

Description (A)	Amount (B)
1. DONATIONS	1,500
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	1,500
Enter the Total from Line 8 in	
↑ Item 64	


# **SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE**

Description (A)	Amount (B)
1. TELEPHONE	27,282
2. POSTAGE	6,636
3. PRINTING	6,625
4. MEETING EXPENSE	5,444
5. AUTO EXPENSE	50,969
6. OFFICE EXPENSE	54,913
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	151,869
Enter the Total from Line 8 in	
↑ Item 60	

# **SCHEDULE 14 — OTHER RECEIPTS**

Description (A)	Amount (B)
1. REIMB, FROM AFFILIATES	134,498
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	134,498
Enter the Total from Line 17 in .....  Item 54	

# **SCHEDULE 15 — OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. OCCUPANCY	52,285
2. INSURANCE	24,689
3. UTILITIES	4,294
4. COMPUTER EXPENSE	1,222
5. DELEGATE EXPENSE	8,551
6. ORGANIZING EXPENSE	3,862
7. ARBITRATION	5,025
8. BANK CHARGES	1,256
9. PAYROLL PROCESSING	2,365
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	103,549
Enter the Total from Line 17 in .....  Item 73	

ORGANIZATION NAME:  
SPECIAL & SUPERIOR OFFICERS BENEVOLENT ASSOCIATION

ENDING DATE OF PERIOD COVERED: 4-30-2001

FILE NUMBER: 069-855

PAGE 1 OF 1 ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> <div>PIZZULLI</div> <div>MAE</div> <div>Position</div> <div>ASST TO PRES.</div> <div>Name of Affiliated Organization</div> </div>	60913				60913
<div> <div>Last Name</div> <div>First Name</div> <div>JACKSON</div> <div>DEBBIE</div> <div>Position</div> <div></div> <div>Name of Affiliated Organization</div> </div>	13600				13600
<div> <div>Last Name</div> <div>First Name</div> <div></div> <div></div> <div>Position</div> <div></div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div></div> <div></div> <div>Position</div> <div></div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div></div> <div></div> <div>Position</div> <div></div> <div>Name of Affiliated Organization</div> </div>					
Totals	74,513				74,513

ORGANIZATION NAME: \_\_\_\_\_

ENDING DATE OF PERIOD COVERED: \_\_\_\_\_

FILE NUMBER: 0 6 9 - 8 5 5

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
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Totals					